



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

John R. Kasich/Governor

Lance Himes/Director of Health

Kathy Kellogg, CFO
Pregnancy Decision Health Centers
665 E. Dublin Granville Road, Suite 120
Columbus, OH 43229

Dear Ms. Kellogg:

Thank you for your interest in the Choose Life program and for your application for the Choose Life funding. The application(s) was approved for the following county(s) in the amount(s) of:

• Franklin	\$596.00
• Delaware	\$255.50
• Licking	\$100.00
• Pickaway	\$0.00
• Madison	\$0.00
• Union	\$40.00
• Fairfield	\$460.00
• Hocking	\$120.00
• Perry	\$40.00

Enclosed is a copy of the application as was submitted. You should receive an award totaling \$1,611.50 within the next 30 days.

If you have any questions, please contact the Choose Life Program Consultant, Marius Igwe at Marius.Igwe@odh.ohio.gov or 614-466-4634.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lance Himes', is written over a horizontal line.

Lance Himes
Director of Health

**OHIO DEPARTMENT OF HEALTH (ODH)
CHOOSE LIFE FUND
DISTRIBUTION APPLICATION**

Interested Organizations: This application is due by June 1, 2018. Use this form to apply for SFY19 (July 1, 2018 to June 30, 2019) Choose Life Funds. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

I. ODH and Organization Information.

Organization	Pregnancy Decision Health Centers
OAKS Supplier Number & Address Code	0000045890
Federal Tax ID Number	
Street Address	665 E. Dublin Granville Road, Suite 120
City, State Zip code	Columbus, Ohio 43229
County of Location Providing Services (Entity must be physically present in the county to apply for funding; Only one Application Per Location)	Franklin
Address where ODH should Direct Payment	665 E. Dublin Granville Road, Suite 120 Columbus, Ohio 43229
Counties of Service This location serves women from the following counties:	Franklin, Delaware, Licking, Pickaway, Madison, Union
Name of Person and Title completing application	Kathy Kellogg, CFO
Area Code/Phone Number	614-888-8774
Email	kathyk@pdhc.org

II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (ORC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:

- A. Meets the requirements in ORC 3701.65 and OAC 3701-74-01;
- B. Is a private, nonprofit organization;
- C. Is committed to counseling pregnant women about the option of adoption;
- D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
- E. Does not charge pregnant women for any services received;
- F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
- G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age.

III. Funding available in contiguous and noncontiguous counties: Organizations may apply for Choose Life funds that may be available in contiguous and noncontiguous counties. The Organization must certify, by signing the application, that it provides services to pregnant women residing in those counties that are listed in Section I of this application. The ODH Director shall distribute funds allocated for a county as follows:

- To one or more eligible organizations located within the county (entity must be physically present in the county to apply for funding);
- If no eligible organization located within the county applies for funding, to one or more eligible organizations located in contiguous counties (entity must be physically present in the contiguous county to apply for funding);
- If no eligible organization located within the county or a contiguous county applies for funding, to one or more eligible organizations within any other county that serves women from the identified county(ies).

The director shall ensure that any funds allocated for a county are distributed equally among eligible organizations that apply for funding within the county.

IV. For Current Choose Life Organizations: By June 1, 2018, the following (A & B) is required with this Application:

A. One (1) of the following three (3) forms of reporting for the previous year, June 1, 2017 to May 31, 2018, ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:

1. An Audited Financial Statement. This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with current accounting standards. Statements must verify that the Choose Life funds were used as follows:

a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*

b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*

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B. Update Supplier Information online. If Organization has any changes to the information requested in Section I of the application, it must update its account on the OAKS Supplier module. To update supplier account online at the OAKS Supplier Self-Registration module visit: www.supplier.obm.ohio.gov.

Assistance in completing Supplier information can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771).

- V. **For New Choose Life Organization Applicants:** By June 1, 2018, the following (A & B) is required with this application:
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By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does not conduct itself in the manner prescribed above.

5/29/18
Date

Julie Moore
Signature of Person Completing Application
Julie Moore, President
[Print Name & Title]

Application to be submitted to:
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Address where ODH should Direct Payment	665 E. Dublin Granville Road, Suite 120 Columbus, Ohio 43229
Counties of Service <i>This location serves women from the following counties:</i>	Fairfield, Hocking, Licking, Perry, Pickaway
Name of Person and Title completing application	Kathy Kellogg, CFO
Area Code/Phone Number	614-888-8774
Email	kathyk@pdhc.org

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Date

Julie Moore
Signature of Person Completing Application

Julie Moore, President
[Print Name & Title]

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5/14/18
Date


Signature of Person Completing Application

Julie Moore, President
[Print Name & Title]

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